



GVNW CONSULTING, INC.

1001 WATER STREET, STE. A-100
KERRVILLE, TX 78028
TEL 830.896.5200
FAX 830.896.5202

December 15, 2014

Filed via ECFS

Marlene H. Dortch, Secretary
Federal Communication Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket Nos. 14-58 and 11-42, Annual Report Pursuant to 47 C.F.R. §54.313 and 54.422. Form 481 – Carrier Annual Reporting Data Collection

Dear Ms. Dortch:

On behalf of Cutter Communications, Inc. d/b/a GCEC Telecom ("GCEC Telecom" or "the Company"), GVNW Consulting, Inc. hereby submits this corrected FCC Form 481 – Carrier Annual Reporting Data Collection Form in compliance with sections 54.313 and 54.422 of the Commission's rules. GCEC Telecom is a competitive local exchange carrier designated as a CETC by the Public Utility Commission of Texas ("PUC"). The Company has also made this filing with the Universal Service Administrative Company ("USAC") and with the PUC of Texas.

If you have any questions, please contact me at sgatto@gvnw.com or 830-895-7226.

Sincerely,

A handwritten signature in dark ink, appearing to read "Stephen Gatto", is written over a horizontal line.

Stephen Gatto
Consultant
GVNW Consulting, Inc.
Sincerely,

Enclosures

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	449012
<015>	Study Area Name	CUTTER COMMUNICATIONS INC DBA GCEC TECHNOLOGIES
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Chris Offill
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9034827159 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	chris.offill@gcetelecom.com

ANNUAL REPORTING FOR ALL CARRIERS	54,313	54,422
	Completion Required	Completion Required

<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	449012cx510.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality In Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	449012tx610.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	449012tx1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	449012
<015>	Study Area Name	CUTLER COMMUNICATIONS INC DBA GCEC TECHNOLOGIES
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Offill
<035>	Contact Telephone Number - Number of person identified in data line <030>	9034827159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chris.offill@gcectelecom.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	443012
<015>	Study Area Name	CUTLER COMMUNICATIONS INC DBA GCOE TECHNOLOGIES
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Offill
<035>	Contact Telephone Number - Number of person identified in data line <030>	9034827159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chris.offill@gcoetelecom.com

[illegible]

<010>	Study Area Code	469012
<015>	Study Area Name	CUTLER COMMUNICATIONS INC DBA GPEC TECHNOLOGIES
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Chris Offill
<035>	Contact Telephone Number - Number of person identified in data line <030>	9034827159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chris.offill@gcnetelecom.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<010>	Study Area Code	449012
<015>	Study Area Name	CUTLER COMMUNICATIONS INC DBA GCRC TECHNOLOGIES
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Offill
<035>	Contact Telephone Number - Number of person identified in data line <030>	9034827159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chris.offill@gcsrctelecom.com

Page 5

(800) Operating Companies Data Collection Form FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<01>	Study Area Code	445912
<015>	Study Area Name	CUTLER COMMUNICATIONS INC DBA GCEC TECHNOLOGIES
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Offill
<035>	Contact Telephone Number - Number of person identified in data line <030>	9034827159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chris.offill@gceccalecom.com
<810>	Reporting Carrier	Cutler Communications, Inc. d/b/a GCEC Telecom
<811>	Holding Company	Grayson Collin Electric Cooperative
<812>	Operating Company	Cutler Communications, Inc. d/b/a GCEC Telecom

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3050-0819 July 2013
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<010> Study Area Code	449012
<015> Study Area Name	CUTTER COMMUNICATIONS INC DBA GRC TECHNOLOGIES
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Chris Offill
<035> Contact Telephone Number - Number of person identified in data line <030>	9034827159 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	chris.offill@gccctelecom.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) Includes:

- | | |
|--|----------------------|
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. | Select (Yes, No, NA) |
| <922> Feasibility and sustainability planning; | |
| <923> Marketing services in a culturally sensitive manner; | |
| <924> Compliance with Rights of way processes | |
| <925> Compliance with Land Use permitting requirements | |
| <926> Compliance with Facilities Siting rules | |
| <927> Compliance with Environmental Review processes | |
| <928> Compliance with Cultural Preservation review processes | |
| <929> Compliance with Tribal Business and Licensing requirements. | |

Select (Yes, No, NA)

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	449012
<015> Study Area Name	CUTLER COMMUNICATIONS INC DBA GCEC TECHNOLOGIES
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Chris Offill
<035> Contact Telephone Number - Number of person identified in data line <030>	9034827159 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	chris.offill@gcecte.com

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

[1200] Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3050-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	449012
<015>	Study Area Name	CUTLER COMMUNICATIONS INC DBA GCRC TECHNOLOGIES
<020>	Program Year	2012
<030>	Contact Name - Person USAC should contact regarding this data	Chris Offill
<035>	Contact Telephone Number - Number of person identified in data line <030>	5034827159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chris.offill@qwesttelecom.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

449012tx1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0586/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013

<010> Study Area Code	449012
<015> Study Area Name	CUTLER COMMUNICATIONS INC DBA GCSC TECHNOLOGIES
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Chris Offill
<035> Contact Telephone Number - Number of person identified in data line <030>	9034827159 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	chris.offill@gcscetelecom.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting	
<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011> 3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2012> 2013 Frozen Support Certification	<input type="checkbox"/>
<2013> 2014 Frozen Support Certification	<input type="checkbox"/>
<2014> 2015 Frozen Support Certification	<input type="checkbox"/>
<2015> 2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2015> Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2017> 3rd year Broadband Service Certification	<input type="checkbox"/>
<2018> 5th year Broadband Service Certification	<input type="checkbox"/>
<2019> Interim Progress Certification	<input type="checkbox"/>
<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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www.leesoncompany.com
EEO/AAE
CWA Control No. 216-7888 / OIR Control No. 209-323

-010-	Study Area Code	448012
-015-	Study Area Name	STUDY ORGANIZATIONS INC DATA CTR TECHNOLOGIES
-020-	Program Year	2015
-030-	Contact Name - Person USAC should contact regarding this data	Chief Of A11
-035-	Contact Telephone Number- Number of person identified in data line -030-	P034827159 ext.

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.321(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(2015) Progress Report on \$ Year Plan
Milestone Certification [47 CFR § 54.333(2)(ii)]

Name of Attached Document Listing Required Information

Please check this box to confirm that the attached document(s) on line 3712 contains the required information pursuant to § 54.313 (c)(1)(ii). The carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

[§ 87(2)(b)] Community Anchor Institutions (CIR) § 54.153 (f)(2)(iii)

Name of Attached Document Listing Required Information:	(Yes/No)	(Yes/No)

(3013) Is your company a Privately Held AOR Carrier (47 CFR § 54.323(f)(2))?

(3014) If yes, does your company file the NLS annual report?

(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requirement.

(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

[3015] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

If the response is yes on Line 2014, attach your company's 8155 annual report and all required documentation

Name of Attached Document Listing Required Information	Yes/No
--	--------

(3018) If the response is no on Line 322c, is your company audited?

if the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3025 pursuant to § 54.3.1(1)(2), contains

(2019)	Either a copy of their audited financial statements or (2) a financial report, in a format comparable to RUS Operating Report for Telecommunications
(2020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
(2021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.

Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
13/2020

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3218, please check the boxes below to confirm your submission on line 3228 pursuant to § 56.313(f)(2), central file:

[3022] Copy of their financial statement which has been submitted to review by an

independent certified public accountant or 2) a financial report in a format compatible to RUS Operating Report for Telecommunications

(3023)	Underlying information subjected to a review by an independent certified public accountant
(3025)	Underlying information subjected to an officer certification.

(3023) Underlying information: subjected to a review by an independent certified

Figure 23
public accountants

(3024) **Cherryhill Information** subjected to an official categorization,
(3025) **Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows**

(2023) Attach this worksheet using required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 401 OMB Control No. 3060-0086/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	462032
<015> Study Area Name	CUTLER COMMUNICATIONS INC DBA CCSC TECHNOLOGIES
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Chris Offill
<035> Contact Telephone Number - Number of person identified in data line <030>	9034827159 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	chris.offill@ccsc telecom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	449012
<015> Study Area Name	CUTTER COMMUNICATIONS INC DBA GCEC TECHNOLOGIES
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Chris Offill
<035> Contact Telephone Number - Number of person identified in data line <030>	9034827159 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	chris.offill@gcetelecom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Stephen Gatto</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Stephen Gatto
Name of Reporting Carrier:	CUTTER COMMUNICATIONS INC DBA GCEC TECHNOLOGIES
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 12/04/2014
Printed name of Authorized Officer:	Chris Offill
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	9034827159 ext.
Study Area Code of Reporting Carrier:	449012 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	CUTTER COMMUNICATIONS INC DBA GCEC TECHNOLOGIES
Name of Authorized Agent or Employee of Agent:	Stephen Gatto
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 12/04/2014
Printed name of Authorized Agent or Employee of Agent:	Stephen Gatto
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	8308957226 ext.
Study Area Code of Reporting Carrier:	449012 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

<701>	Residential Local Service Charge Effective Date	1/1/2024
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<p>(710) Broadband Price Offerings Data Collection Form</p>	<p>FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013</p>
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<p>(710) Broadband Price Offerings Data Collection Form</p>	<p>FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013</p>
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<010>	Study Area Code	449012
<015>	Study Area Name	CUTLER COMMUNICATIONS INC DBA GCRC TECHNOLOGIES
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Offill
<035>	Contact Telephone Number - Number of person identified in data line <030>	9034627159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chris.offill@gcrcetelecom.com

[illegible]

(800) Operating Companies
Data Collection Form
FCC Form 451
OMB Control No. 3050-0985/OMB Control No. 3050-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

[illegible]

CUTTER COMMUNICATIONS, INC. – SAC 449012

FCC Form - Program Year 2015

Line 510

**COMPLIANCE WITH SERVICE QUALITY STANDARDS AND
CONSUMER PROTECTION RULES - §54.313(a)(5)**

Cutter Communications, Inc. d/b/a GCEC Telecom ("GCEC" or "the Company") complies with all applicable service quality standards and consumer protection rules as required by the Public Utility Commission of Texas ("PUC") and the Federal Communications Commission ("FCC").

The rates, terms and conditions under which the Company operates are identified in its Local Exchange Tariff, which is approved by the PUC. The Company's tariff contains provisions regarding its customer service and protection practices, including resolving customer disputes, applying for, refusing, disconnection and cancellation of service. Rates and terms of service are disclosed to customers upon application for service as part of a packet of information for new customers.

Service quality standards are established by the PUC and GCEC consistently meets or exceeds those requirements. However, as a competitive local exchange carrier ("CLEC") the company is not required to submit quality of service reports to the PUC.

The protection of its customers' privacy and information is a constant part of GCEC's quality of service. The Company has a policy and operating procedures that comply with the FCC's Customer Proprietary Network Information ("CPNI") rules (47 C.F.R. 64.2001 – 64.2011). Certification of GCEC's compliance with the FCC's CPNI rules is filed with the FCC annually.

CUTTER COMMUNICATIONS, INC. – SAC 449012

FCC Form 481 - Program Year 2015

Line 610

ABILITY TO FUNCTION IN EMERGENCY SITUATIONS - §54.313(a)(6)

Cutter Communications, Inc. d/b/a GCEC Telecom ("GCEC" or "the Company") is capable of functioning in emergency situations. GCEC has a reasonable amount of back-up power to ensure functionality without a commercial external power source. The Company has a permanently installed standby power generator at its host switching office and remote switching locations have a minimum of eight (8) hours of backup battery capacity. These remote sites are also equipped to accept portable emergency power if necessary. The Company's network is capable of managing traffic spikes resulting from emergency conditions.

Attachment File: 449012tx1010.pdf

CUTTER COMMUNICATIONS, INC. – SAC 449012

FCC Form 481 - Program Year 2014

Line 1010

DESCRIPTION OF VOICE SERVICES RATE COMPARABILITY - §54.313(a)(10)

Cutter Communications, Inc. d/b/a GCEC Telecom ("GCEC" or "the Company") is a CLEC. As shown by GCEC's response to 700 (Attachment File: 449012tx700.pdf), GCEC's total residential voice service rate is \$15.00. When all state and federal mandatory charges are added to GCEC's residential voice service rate the total rate is below the \$46.96 Rate Comparability Benchmark set by the Bureau.

GENERAL RULES AND REGULATIONS

V. CUSTOMER RELATIONS, (Cont'd)

G. Lifeline Program

1. Lifeline Service is a retail local service offering sponsored by the FCC and available to qualifying low-income consumers in accordance with the Public Utility Commission of Texas' Low-Income Discount Procedural Guide (Guide) and the Low-Income Discount Administrator (LIDA).
2. Consumers qualifying for Lifeline Service are offered the services or functionalities enumerated in 47 Code of Federal Regulations §54.101(a)(1)-(8) (relating to Supported Services for Rural, Insular and High Cost Areas).
3. The Company shall offer Toll Denial at no charge to all qualifying low-income consumers at the time such consumers subscribe to Lifeline Service. If the consumer elects to receive Toll Denial, that service shall become part of the consumer's Lifeline Service.
4. A customer otherwise eligible to receive the Lifeline Service shall not be prohibited from obtaining and using telecommunication equipment and services designed to aid such customer in utilizing qualifying telecommunication services.
5. Lifeline Service rate reductions do not apply to long distance service, 976 and other information provider services, or any other optional services or functionalities (i.e., custom calling features, construction, etc.) which may or may not be tariffed. Customers may obtain such services, where available, at their discretion, although the Lifeline Service reduction does not apply.
6. The Lifeline Service rate reductions do not apply to service connection charges, except that customers eligible for the Link Up America program will receive a reduction in applicable service connection charges, as set forth in this tariff.
7. Lifeline Service will not be available on a retroactive basis.
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GENERAL RULES AND REGULATIONS

V. CUSTOMER RELATIONS, (Cont'd)

G. Lifeline Program (Cont'd)

9. Eligibility Requirements

- a. The discounted service will be provided for one (1) residential telephone line per household, at the subscriber's principal place of residence.
- b. The service must be provided in the eligible consumer's name.
- c. Each participating telecommunications carrier shall provide Lifeline Service as provided by this section. A customer with an income at or below 150% of the federal poverty guidelines be an eligible resident of Tribal lands, or participate in, or have a person or child who resides in the customer household who participates in a program identified in Chapter 47 of the Code of Federal Regulations § 54.409 and in P.U.C. Substantive Rule 26.412 regarding consumer qualification for Lifeline service.
- d. Procedures for Establishing Lifeline Discounts
 - 1) Consumers within the Company's service area are identified as eligible for Lifeline Service by the Texas Department of Human Services (TDHS) through the automatic enrollment process of the LIDA and in accordance with Commission Substantive Rule 26.412. The Company shall provide Lifeline Service discounts within 30 days of notice by LIDA, unless the Company receives a customer request to be excluded from such discounts.

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GENERAL RULES AND REGULATIONS

V. CUSTOMER RELATIONS, (Cont'd)

G. Lifeline Program (Cont'd)

9. Eligibility Requirements (Cont'd)

d. Procedures for Establishing Lifeline Discounts (Cont'd)

- 2) LIDA shall provide the Company with an initial list of consumers eligible for Lifeline Service and shall provide an updated list to the Company on a periodic basis.
- 3) Consumers who do not participate in one of the designated qualifying programs may instead be eligible for Lifeline Service by having an income at or below 150% of the federal poverty guidelines. Consumers who meet this qualification may establish self-enrollment eligibility by providing information to LIDA and receive Lifeline Service discounts within 30 days. Self-enrolled customers establish eligibility every seven months with LIDA, who may require the customer to renew proof of income within 60 days of eligibility terminating.
- 4) Consumers who believe their self-enrollment eligibility was denied in error by LIDA may request a review by LIDA and pursue a Commission hearing or complaint as necessary.
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GENERAL RULES AND REGULATIONS

V. CUSTOMER RELATIONS, (Cont'd)

G. Lifeline Program (Cont'd)

10. Service Discounts

- a. Lifeline support amounts. Lifeline support amounts per low-income customer shall be provided to participating telecommunications carriers pursuant to Title 47, Code of Federal Regulations, §54.403 (relating to Lifeline Support Amount) and according to any applicable provisions of the Guide. Tribal Land discounts will be provided pursuant to Title 47, code of Federal Regulations, §54.403.

Lifeline Service Discounts. The Company shall grant qualifying low-income consumers support of \$9.25 per month or equal to the support amount as directed by the Federal Communications Commission in Chapter 47 of the Code of Federal Regulations regarding Lifeline Support.

Additional state reduction. A participating telecommunications carrier shall give a qualifying low-income customer an additional state-approved reduction of up to a maximum of \$3.50 in the monthly amount of intrastate charges.

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GENERAL RULES AND REGULATIONS

V. CUSTOMER RELATIONS, (Cont'd)

G. Lifeline Program (Cont'd)

11. Service Charges

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b) Service charges apply when:

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1) At the time Lifeline Service billing is initiated, where existing eligible residential local exchange access service customers request additional features, such as special or custom calling features.

2) A customer receiving Lifeline Service voluntarily elects to convert to telephone service arrangements, which preclude Lifeline Service eligibility.

3) New residential applicants (those without existing local exchange access service) eligible for the Lifeline Program will be subject to applicable service charges.

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c) Any subsequent moves or changes after the initial connection to Lifeline Service will be subject to applicable service charges.

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12. Payments and Disconnection of Service

a) The Company may not disconnect Lifeline Service for nonpayment of toll charges.

b) A Lifeline customer is required to adhere to the same bill payment policies applicable to all of the Company's customers.

GENERAL RULES AND REGULATIONS

V. CUSTOMER RELATIONS, (Cont'd)

H. RESERVED FOR FUTURE USE

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GENERAL RULES AND REGULATIONS

VIII. SURCHARGES, FEES, AND TAXES (Cont'd)

C. 911 EMERGENCY COMMUNICATIONS CHARGES

Texas imposes three separate 911 emergency communications charges; the 911 Emergency Service Fee, the 911 Wireless Emergency Service Fee, and the 911 Equalization Surcharge. Revenue from these charges is used by regional planning commissions, emergency communication districts, and poison control centers to establish statewide emergency 911 service.

The 911 Service Fees are collected by telecommunications service providers, as defined in CSRC Rule 255.1, Rule 255.4 and the Texas Health and Safety Code, Section 771.0711. Rates assessed are in compliance with state law.

D. STATE AND LOCAL TAXES

The Company will assess all applicable State and Local taxes on telecommunications services, as required by law. Rates are determined by the state, and applicable local jurisdictions.

E. FEDERAL EXCISE TAX

The Company will assess the 3% Federal Excise Tax on telecommunications services, as required by law.

F. RESERVED FOR FUTURE USE

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